mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

RECORD. Every item of inforl. PHYSICIANS should state Exact statement of OCCUPA.

N. B.

STATE OF	MARYLAND-CERTIFICATE OF	DEATH
----------	-------------------------	-------

11197

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Moula arress	Registration Dist. No. $\infty/7$
Village or City Olcley and	RANO MONTO Co. Gentle Hospital Ward death occurred in a horpital of institution, give its NAME instead of street and number)
2. FULL NAME Baly Boy (a) Residence: No. (Usual place of abode)	Olsoje erstely Wattick, Dr. d If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decassad from
6. DATE OF BIRTH (month, day, and year) Det. 28, 1935	I last saw haron_alive on alive on
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute Caraliae Dilitation 10/23/5
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased lest worked et this occupation (month and	•
12. BIRTHPLACE (city or town) Olicey (State or country)	Other Coatribatory Causes of importance:
E 21 0 7	
(State of country)	What tast confirmed diagnosis? Was thara an europsy? 200
15. MAIDEN NAME Cledrey Coe 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT OLogital Records. (Address),	23. If daath was dua to axternal causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
18. BURIAL, CREMOVAL MARCHAN DATE DELLA SO., 1935	Manner of injury
19. UNDERTAKER TOUS TOURSELY (Address) Name of March	24. Was disaasa or injury in any way related to occupation of daceased? 40
20. FILED A. M., 193 S. E. S. Saline le Registrar.	(Signed) M. D. (Address) The Management of the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulnes various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 4 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage WUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		•	

A-	1	S	TATE OF	F MAR	YLAND-	CERTIFICATE OF DEATH	1101
5	1	- PLACE OF DEA	ТН			115-01	163
200		County Mo	elgome	eny		Registration Dist. No. 2	17
0 0		Village or City_O	livey,	mar	placed	when Moule Co- Level JN Street and no death occurred in a horpital or institution, give its NAME instead of street and n	- LowBrd
# 1		Length of residence in	city or town where dea	th occurred	yrs,mos		sds.
eme	2	. FULL NAME	La Roy	ar	uold,	Ju.	
state		(a) Residence: No.	Derik	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
Exact		PERSONAL A	ND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
classified. Ex	3. S	SEX 4. COLO Male 1 If married, widowed, or div HUSBAND of	olite	SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH October 23 (Month) (Day)	, 193 S (Yeer)
assi		(or) WIFE of		A		22. I HEREBY CERTIFY, That I attended of	eceesed from
		DATE OF BIRTH (month, de	tie	ue 29	1930		; death is seid
properly certificate.	7. A		Months	Days	If LESS than	to have occurred on the date steted above, et 2 15 Am.	, death is self
ope tif		5	3	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
-	2	8. Trade, profession, or p	particular	0 : ()		Date of onset
be	101	kind of work done SAWYER, BOOKKE	EPER, etc.	huld	<u>/</u>	Rante Mennystes	10-22-3
may	CCUPATION	9. Industry or business i work wes done, as SAW MILL, BANK,	SILK MILL.			(non exedition)	AA
that it	00	10. Date deceased last we this occupation (myear)	orked at onth and	II. Totai tii spen	me (years) It in this pation	Ise sente, non-efficiente meningities front	toben!
so	12.	BIRTHPLACE (city or town (State or country)	Heren	auto	ed	Other Camtribulary Causes of Importance: from throat should street	tococci,
terms,	HER	13. NAME Le	Pay ar	unld			
4	FATH	14. BIRTHPLACE (city or t	OWD			Name of operation Date of	
plain Se	-	(State or country)	ma	rula	eed	What test confirmed diagnosis? Was there an e	Monsy? Yes
in	MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or t (State or country)	own) ma	Sil	ley	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	
AA	17.	INFORMANT OLICE (Address)	pital.	Rec	erds	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.
JSE OF	18.	BURIAL, CREMATION, OR Plece	DEMOVAL PLEASE	the or	+25,1955	Manner of injury	
J.C.	19.	UNDERTAKER (Address)	Gart	quel	us g	24. Was disease or injury in any wey related to occupation of deceased?	ro
U	20.	FILED Q Z 23.	19.35 CJ	8. Barn	Registrar.	(Signed) Fy Justinait	M.D.
			If more bla	nks are needed, a	Stess State Registrar	2422 N Charles Street Relimore Provesting 71 S No -	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7.	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1914 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Mess on a result corons from many series	

V. S. No. 1 N. B.—

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82 a)
County () oulganity	Registration Dist. No. 2/3
Village or City Atlanta Williams Virginial (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred the state of mos	ds. How long in U.S. if of foreign birth?yrsmosds.
71 01:	raddock U.S. Veteran specify WAR.
(a) Residence: No. (Usya place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Color (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of Marix automette V3 raddo	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) () et 8-1854	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at S_Q_m.
80 11 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
Z & Trade, profession, or particular profess	Cerebral aleolokeran Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
4 Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and year) year) this 45 year	
(b) 1 of - Mar 1 of	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Fockvelle Many and	arterio selerores
(State or country)	
13. NAME Grorge T. Varadclock	
14. BIRTHPLACE (city or town). Rockness	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town) Packariele	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Lockeriele	Accident, suicide, or homicide? Date of Injury, 19
X (State or country) Md.	Whara did injury occur?
17. INFORMANT MTS. N.13. Cochrono low (daug	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Oklahoma	Manner of injury
Place Rhahoma ly Date Oct 310, 1925	Nature of injury
19. UNDERTAKER AM. Pruten Pumphry	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Fortheville Md	If so, specify
20. FILED 10-3- 1935 mis. W.J. Pract-	(Signad) M. D. (Address) Asharing

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 4 1005	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. 8.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B	a of infor-	ould state	OCCUPA-	1	
3	iten	sh	Jo		1
	RD. Every	YSICIANS	statement		
	I RE	Y. PH	Exact		
DATIONI	RMANENT	XACTL	classified.		
ron D	IS A PE	stated E	properly	ertificate	
77	HIS	pe	þe	of c	
ARGIN RESERVED FOR DINDING	N. B.—WRITE PLALLY, WITH UNFADING INK-THIS IS A PERMANENT RECRD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
1.55.140.1	B.—WRITE PLATILY, WI	mation should be careful	CAUSE OF DEATH in 1	TION is very important.	
2	z	(1)	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11126
1. PLACE OF DEATH	(137)
County MONIGOMERY	Registration Dist. No. 2/3 -
Village or City Montrose	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) asds. How long in U.S. if of foreign birth?yrsmosds.
FOULLY A Dr	ANDENBURG
2. FULL NAME FUNITY C. BR	TO LIVE
(a) Residence: No/YON 6 FO 5 E, KOCKVIIIC (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Of 23 (Month) (Day) (Year)
e. If married, widowed, or divorced	
e. If married, widowed, or divorced HUSBAND of (or)-WIFE-of-EMMA GOODACRE	HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, dey, and year) MAY 19, 1865	Hast saw h. 277 alive on Sept 7 193 5 death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
70 4 4 I day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, LAWYER, SAWYER, BOOKKEEPER, etc.	Zineral arterio sche -
9. Industry or business in which	notes and dan I as t
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1. VIII
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month and year) 11. Total time (years) spent in this 3 44 occupation	
2. BIRTHPLACE (city or town) WA5H.	Other Contributory Causes of importance: Benegin prostatic by peotro joby o contole
(State or country) D. C.	- Dwestin : many months
13. NAME Frederick W. Brandenbur	
14. BIRTHPLACE (city or town)	Name of operation / 12212 tal tormy Date of half 19
(State or country) GERMANY	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME GETTHUGE E. Seible	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Balto, Co,	Accident, suicide, or homicide? Date of injury, 19
(State or country)	(Specify city or town, county and State)
(Address) 1746 - K- St. N. W.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL ROCK Creek Con	Manner of injury
Place Date 20, 1930	Nature of injury
(Address) 756 Pa any mis-	24. Was disease or injury in any way related to occupation of deceased?
0. FILED 10/24 , 1935 Mrs. W.J. Prace - Registrar.	(Signed) Former J Incles March 1835 Eine H Wash De
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II				
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	NOV 4 1935	1915	Attack of epilepsy	1 week ago			
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago			
Other contributory ca	uses of importance:		Other contributory causes of importance:				
Gallstones		May 1,1923	Gastroenteritis	1 year			

V. S. No. 1

ARGIN RESERVED FOR BINDING	ARGIN	RESERV	ED	ARGIN RESERVED FOR BINDING	NDING		,		
LALLY, WITH U	NEADIN	G INK-I	HIS	IS A PE	MANENT	KEEKED	Every i	tem of infor-	
should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	pplied. A	GE should	d be	stated E	XACTLY	. PHYS	CIANS	should state	
OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	erms, so t	hat it ma	y be	properly	classified.	Exact sta	tement (of OCCUPA.	
vory important See instructions on back of certificate.	instruction	ne on hac	k of	certificate.				1	

	County M							(82	(a)	Registra	ation Dist.	No. 21	6
Village or City Chevy Chase Md.								No				St	Ward
(If Length of residence in city or town where death occurredyrs,mos								f death occurred in a hospi					
2.													
2. FULL NAME George Daniel Brandt, (a) Residence: No. 6704-44th., St., No.								St., War	d,			noin.	
- Towards				(Usual place	e of abo	ode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH					
3. SI			OR RACE				WIDOWED,	21. DATE OF D		A	ATE OF	DEATH	
Male White OR DIVORCED (write the word) Married						(Month) (Day) (Year)							
5a. If married, widowed, or divorced HUSBAND of XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								22. h HEREBY CERTIFY, That J attended doceased from					
							110	wex. 9		19.3.5.		8.12	2 19.35
6. DATE OF BIRTH (month, day, and year) Dec. 14th, 1863 7. AGE Years Months Days If LESS than							6-3 If LESS than		live on Q	MY.	12		eath is said
. A		2	Months / O		Days 2	10	lay,hrs.	to have occurred on the					
2 Trade profession or particular							MIIN.	wera as follows:		,			Date of oneat
8. Trade, profession, or particular kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.								Cerebral Hamonlage 15/3/3					
000		pation (mont	th and		11. Total	tima () ent in i	(ears) this						
	yaar)				OC:	patio	n	Othar Contributory Ca	uses of impo	rtanca:			
12. !	Stata or cour		Pa.					Moneto-Kremmer 10/9/				10/4/	
2	13. NAME W	illia	am Brai	ndt								10/7/3	
H 13. NAME William Brandt 14. BIRTHPLACE (city or town) (State or country) Germany								Name of operation				Date of	
				any				What test confirmed diagnosis? Was there an autopsy? 22 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homloide? Date of injury 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				autopsy? 26	
- חבות	15. MAIDEN NA	ME Mar	<u>y</u>	?									
S	16. BIRTHPLACE (State or		Hol	lan	Ĭ								
17. 1	NFORMANT N						la					tate) PLACE.	
18. 1	GURIAL, CREMAT		th.	U. o o	nevy	y G.	hase, M	Manner of injury					
	Place	ass	v. 0,0	Dat	te (C)	4.	13 71935	Nature of injury					
19. (The	14th	King St	N.W.	C	0.	24. Was disaase or inju	ry in any w	ay related to	occupation	of deceasad?	ylo
19. UNDERTAKER The St. N. W. (Address) 2901-14th. St. N. W. 20. FILED / 0/3, 1935 B C Berry & C.								If so, specify (Signed) (Address)					

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of ouset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1920	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1327	Peritonitis	3 days ago
	का प्रो		
A Ca	53		
Other contributory causes of importance:	10	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA:
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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

N. B.

STATE	OF	MARYL	AND-	-CERTIF	TICATE	OF	DEATH
-------	----	-------	------	---------	--------	----	-------

1. PLACE OF DEATH	3	, ()
County / Wagsmery	Registration Dist. No. 272	
Village or City Jakoma Bark M	a. No. Washington Sanst, Hay	Ward
The first temperature, all the first temperatures and the first temperature	death occurred in a hospital or institution, sive its NAME instead of street and number. ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME unamed instant	of If U.S. Veteran specify WAR.	
(a) Residence: No. Pager + Larrains (Usual place of abode)	Bust all Ward. If nonresident give city of town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct 22 , 193 (Month) (Day) (Y)	35.
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. I HEREBY CERT) FY. That I attanded decaase	d from
6. DATE OF BIRTH (month, day, and year) Oct. 22 1935	not out 22 st	is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2 2 m.	12 24IU
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara es follows:	
8 Trade profession or particular	Date 1	otenset -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and the control of the second last worked at this occupation (month and second last worked last work	Stillbarn infant Oc	1.21
work was done, as SILK MILL, SAW MILL, BANK, atc	asphypu Vallalla	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Intralistian & chryspa.	
12. BIRTHPLACE (city or town) Jakanna Park, Md. (State or country)	Other Contributary Causes of Importance: Museut of fetter	
13. NAME Pager Burdette		
13. NAME Courty 14. BIRTHPLACE (city or town) 40 ward County (State or country)	Name of operation Farces Delinery Data of Oct 2	2-35
15. MAIDEN NAME Lagraine Buker	What test confirmed diagnosis?	-ye-v
16. BIRTHPLACE (city or town) Damascus Ind. (State or country)	Accident, suicide, or homicide?	9
17. INFORMANT Lanitarium Becards.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Dawas Cus Md Date Det 23, 1935	Menner of injury	
19. UNDERTAKER & Black Sug! (Addrass) Damasans Sug!	24. Was disease or injury in any way related to occupation of daceased?	,
20. FILE SET 22, 1935 He Pagers. Registrar.	(Signad) OF arritor	M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Tokana Par	I. les

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPEAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF	MARYL	AND-	CERTIFIC	CATE	OF	DEATH
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1. PLACE OF DEATH	CERTIFICATE OF BEATH
County Montgomery	Registration Dist. No. 218
Village or City Thirthusking mil	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Dorothy Elizabeth (a) Residence: No. Yankhulung (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Tolor of the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Libelium Campbell 6. DATE OF DIRTH (month downstress)	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at // / / / / / / m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 0 - 2 2 35 spent in this occupation (month and 0 - 2 2 35 spent in this occupation (state or country)	Coronary Thismboses 15-22-35 Other Cautributary Causes of importance:
13. NAME Jones Bructon 14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Curra Marcell 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR BEMOVAL Place Frank May Date Oct 34., 1935	Manner of injury
19. UNDERTAKER Roy Warber (Address) Fathers burg War 20. FILED Det 2 4, 1935 Cherry Jacke	24. Was disease or injury in any way related to occupation of deceased?
Registrar. If more blanks are needed, address State Registrar,	(Address)

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis	10	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Manufactural desired and the state of the st	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 5 1935	July 5,1927	Peritonitis	3 days ago	
BURRAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

÷.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
E \	1. PLACE OF DEATH	111371
5 /	County monty ornery	Registration Dist. No. 214
0 1	Village or City Swheaton, Silver ofrings	No. St., Ward
0	V - V	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U, S. if of foreign birth?
ent	100 -0	
statemen	2. FULL NAME Atlan & Coose	1-0-100
sta	(a) Residence: No. Odenste Can Road (Usual place of abode)	St., Ward. Wushing of the city of town and State
ict	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Tunal The server of the server	21. DATE OF DEATH Or Worth 14 (Day) (Year)
fied.	5a. If married, widowed, or divorced HUSBAND of	
classified	(or) WIFE of Whore B Coast	22. I HEREBY CERTIFY, That i attended deceased from
	2.	thest sow halive on 19 death is said
properly certificate.	6. DATE OF BIRTH (month, day, and year) 1 / 906 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:306.m.
properly	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
pre	28 / Ol 2 or min.	were as follows: Date of onnet
be	Kind of work done, as SPINNER, Houselfe	logat when sight all have
may	4 9 industry or business in which	sight and brake
	work was done, as SILK MILL, Oun turned SAW MILL, BANK, etc. 11. Total time (years) 4.1	7d 1000
nt it	this occupation (month and 135) spant in this occupation (month and 135) occupation	1/70 Wasser .
that ions	4	Other Centributery Causes of Importance:
so	12. BIRTHPLACE (city or town) - 9	Ansre Dester Se
erms, so tha	13. NAME Welle alm Gran	Ba 1-
ter e in	<u> </u>	Name of operation North Date of
ain t	14. BIRTHPLACE (city or town) - Andrown Mil	What test confirmed diagnosis? Was there an autopsy? No
ppl.	15. MAIDEN NAME Cassis 7/ Sterre	23, If death was due to external causes (VIOLENCE) fill in also the following:
l in tan	15. MAIDEN NAME Cassie 7/ Seary 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Homiciel Date of injury Out 14, 19 3 5
Por	S (State or country)	Where did injury occur? Wheatan, Librer Shring, M.D.
OF DEATH in prery important.	17 INFORMANT Lag C Pinace	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
F I ery	(Address) Selve Spring MD	In Mother's home
_	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Dest on ville Mobate Oct 16, 1934	Nature of Injury
CAUS	19. UNDERTAKER France & Pumphrey	24. Was disease or injury in any way related to occupation of deceased?
6	(Address) Rose onlas, mfs.	If so, specify
(T)	20. FILED Och 16, 1935 & 5. Wholen	(Signed) M. D.
	Keging.	(Address) 7.28 May D Care
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1 July Thing M.

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Other contributory causes of importance:		Other contailutes	
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH

"	- 5	h —	Town Chi
	should f OCC	County Mon Gomery	Registration
		Village or City Salver Strings	NoNo
	= 0		death occurred in a hospital or institution, give its NA!
	NS Sut	Length of residence in city or town where death occurred. J. Oyrsmos.	ds. How long In U.S. if of foreign birth?_
-	KD. Every YSICIANS statement	2. FULL NAME Robert Mrs. Suice C	usian .
-		(a) Residence: No. Silver Skrings, Mol	St., Ward & sleer
		(Usual place of abode)	If nonreside
	KECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT
		3. SEX 4. COLOR OR RACE Note: S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Male.	21. DATE OF DEATH
	TI	5a. If marriad, widowed, or divorced	(month)
-	A C 7	(or) WIFE of MARING - A. Culdans	22. I HEREBY CERTII
1	X X S	21:0 5 21	1935, to
1	EX. By cla ate.	6. DATE OF BIRTH (month, day, and year) Uferel 5 - 1872	1 lest daw hum aliva on Oct 20
ı,		7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated abova, at.
	IS A stated proper	60 0 17 ormin.	The PRINCIPAL CAUSE OF DEATH and related car ware as follows:
	•	8. Treda, profession, or particular kind of work dona, as SPINNER,	Chronic Valvulas &
1	- A A -	SAWYER, BOOKKEEPER, etc.	
E	ould may back	work was done as SILK MILL	
1		SAW MILL, BANK, atc	
3	0 + M E	this occupation (month and 10/19/35 spent in this 10 spent in this 10	
3	AGE that ons	No year)	Other Contributory Causes of importanca:
3	ADING d. AG s, so th ruction	12. BIRTHPLACE (city or town)	Shock from a f
	NFADING pplied. AGI erms, so tha instructions	(State or country)	
	supplied n terms, ee instru	13. NAME Joseph Curran	V /
,) = + v	14. BIRTHPLACE (city or town) Lemaca Mol	Name of operation
	CO =- =	(State of Country)	What test confirmed diagnosis?
	carefully carefully in plai ortant.	15. MAIDEN NAME Many Plvine	23. If death was due to external causes (VIOLENCE)
,	⊕ e	16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
-	NLY, pe car ATH mport	(State or country) reland	Where did injury occur?
	Id be DEA'	M. \$(0	(Specify city of Specify whether injury occurred in INDUSTRY, in b
,	hould OF Di	17. INFORMANT (Address) / Superior Color	Specify whethat injury occurred in INDUSTRY, in F
	40	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
		Place tout Glen Mod Date Oct 22, 1935	
-	-WRITE mation s CAUSE TION is	WR P 11. P 1-11	Natura of injury
*	CA	19. UNDERTAKEN UL. Jumphuy, Wickerly, Md.	24. Was diseesa or injury In any way ralatad to occu
\$	E E	(Addrass)	If so, specify
	: 11	20. FILED LL 21 1935 JG Duday	(Signad)

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

	Registration	Dist. No.	15	21
No.			St.,	Ward
occurred in a hospital or institution	on, give its NAM	E instead of	street and n	umper/
ds. How long In U.S. if of	toreign birth?	yrs.	mo	sds
can ,.				
St., Ward	ver I	ken	nge	
St., Ward Hel	If nonresiden	give city or	tewn and	State
MEDICAL CE	RTIFICATE	OF D	EATH	
DATE OF DEATH	Ontit		^	-
	Octob (Month)	0131	J	193
IHEREBY	CERTIF	Y. That	attended	Jaceased from
st daw him aliva on Oc	193, to 6	Tot	10	, 19_5
st daw hum aliva on Oc	x 20	100	_, 19_3 X	; daath is sale
have occurred on the date stated	abova, at	m.		
PRINCIPAL CAUSE OF DEATH	and related caus	es of impor	tanca	
nonic Val	mela II	. 18	trai	Date of onset
	proced-p-	CALIFY	alay.	age

Contail atom Consum of immed		40		011
lec Contributery Causes of import	anca:	-00		uer-/
nock from	n a go			17-55
·V				
. 74 -		·		
me of operation)	£		Date of	7
at test confirmed diagnosis?		Was	thare an a	Jopsy?
f death was due to external cause	es (VIOLENCE) fi	ll in also th	e following:	
ident, suicide, or homicIda?		Dete of Inju	ry	, 19
ere did injury occur?				
ecify whether injury occurred in I	(Specify city or INDUSTRY, in HD	ME, or In P	UBLIC PLA	CE.
nner of injury				
tura of injury			-	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

state infor-

1. PLACE OF DEATH

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address)

20. FILED_

See

MOTHER important.

mation should be carefully

-WRITE

M.

CAUSE OF DEATH

very

TION is

No		***************************************	St.,	Ward
leath occurred in a horpita	lor institution, give its	NAME instead	of street and a	umber)
os. now long in	U.S. If of foreign bir	rtn/y	rsm	osds.
y				
//St., Ward.				
		esident give city		State
	CAL CERTIFIC	CATE OF	DEATH	
21. DATE OF DE	ATH / / -	- 2	?	2
**********	(Month)	(D	lay)	, 193 (Year)
22. Sept 7 9	EBY CER	T f F Y, The	t ettended	deceased from
/		to com	21	عرجير19 ,
I last saw buy aliv		10	, 19	; deeth is said
to have occurred on the				
The PRINCIPAL CAUSE were as follows:	OF HEATH end relate	ed causes of im	portance	Date of onset
u	bus			9/29/
Ne	my,	ye		1/1/2
Other Contributory Cause	es of Importance:	Lelas		164
art	rox	- Cu	low	1930
~				
Name of operation	you		Dete of	
What test confirmed dieg	nosis?	V	Vas there an a	utopsy?
23. If death was due to ext	ternel causes (VIOLE)	NCE) fill In also	the following	
Accident, suicide, or hom	icide?	Date of I	njury	, 19
Where did injury occur?_				
Specify whether Injury oc	(Specify	city or town, co	n PHRLIC PLA	cF
		, ,		.02.
Manner of injury				
Nature of injury				
24. Wes disease or injury	In any wey related to	occupation of	deceesed?	w
If so, specify	/	1		I
(Signed)	www	1		/ M. D.
(Address)	Pool	Zenl	So Zu	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1005	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County growery Village or City Lakerua Pank	No. Wash San + Host St., Ward
Length of residence In city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jetobar 2 1 193 5 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. OF HERE BY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Oct - 27, 1935	! last saw h - EX alive on Och 27 1935; death is seid
7. AGE Yeers Months Days If LESS then 1 dey,hrs.	to heve occurred on the dete stated above, at 1/0 P _m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Presnature about
9. Mdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	2 months + 40 days
1D. Oate decesed lest worked at this occupation (month and yeer) 11. Total time (yeers) spant in this occupation	
12. BIRTHPLACE (city or town) Manyland (State or country)	Other Contributory Canada of importance: Within the will will a will a contributory of the contributory o
13. NAME Richard Dibrill Gebly	7
13. NAME Richard Driver Gubs 14. BIRTHPLACE (city or town) Union Ulty Jrum (Stete or country)	Neme of operation Dete of What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Ratherne of Elisky	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Pathlime off a Clicking 16. BIRTHPLACE (city or town) Loude Have Parma - (State or country)	Accident, suicide, or homicide?
17. INFORMANT Richard & July (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Novin SE. Dete 10 / 38 , 1935	Manner of injury
19. UNDERTAKER 9.3-5-37 Son SE	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Oct 28, 1935 At & Riggers Registrar.	(Signed) Adural Charles M. O. (Address) 7.0.5 Carvoll are Jakona Paik

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Arteriosclerosis	1915	Attack of epilepsyl 9861 9 NON	1 week ago
Chronic interstitial nephritis	1921	Run over by street dar	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		And the state of t	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

1. PLACE OF DEATH	(93-20)
County More gomen	Registration Dist. No. 241
Village or City hear Co alastona	No. St., War Steath occurred in a hospital or institution, give its NAME instead of street and number)
	sd.ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Jone Junion Tie	
(a) Residence: No. haar coolers	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
M. OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Same Eller State	22. I HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 7. 9. 1856	I last saw h.i
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/3-A.m.
79 8 // l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	andanios claration (Land
4 9. Industry or business in which	- 3 meaning myocare
SAW MILL, BANK, etc.	discole Centa
O 10. Date deceased last worked at this occupation (month and 1930 spent in this occupation.	myocardial insufficiency & chamic.
	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Jenen alward andamos alenes
Tale 13. NAME See	
▼ 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 193
17. INFORMANT (Address)	(Specify or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Opt 2: , 19.8.3	Nature of injury
19. UNDERTAKER W. Banden	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify (Signed M - Mc Ken elle Boy an M.
20. FILED Registrar.	(Address) Damas me The
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Balsimple, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephrals 5 5 5 5 5 5 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 1	3 days ago
10V 8 1005			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	119
County Montgary Co	Registration Dist. No. 2/3
Village or City Tessiontown mel	No. R. J. Att J. Outside. St War
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsdsds.
2. FULL NAME Dorthy may Have	If U.S. Veteran epecify WAR
(a) Residence: No. Lexhand the 2nd	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (revice the word)	21. DATE OF DEATH (Month) (Dey) (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of	- Que 25
DATE OF BIRTH (month, day, and year)	I last saw It an alive on Aug 25 1925 deeth is sei
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
/ 8 /0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Entero Collis
9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	One concell at my office to confirme /
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Mis on ang. 25 /03
2. BIRTHPLACE (city or town) Montagon Co.	Other Contributory Causes of importance:
13. NAME Translation Houses 14. BIRTHPLACE (city or town) Manual Grand Co	Malnutrilian (Since buth)
- C/1000000	
14. BIRTHPLACE (city or town) 21 southern Co. (Stete or country)	Name of operation Dete of
0 1 11	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cipla May Aus	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Cola May Has Novelland Col. (State or country)	Accident, suicide, or homicide?
Out of the state of the	Where did injury occur? (Specify city or town, county and State)
(Address) Go S 100 To 2	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Iron four Date Tot 6 , 1935.	Nature of injury
9. UNDERTAKER OF W. Barfur (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
0. FILED TO 19 35 WIST D POULSE M. Registrar.	(Signed) Water & house M. [(Address) Damoundle W.
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Chronic interstitial neghritis NOV 4 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Dan hi dule and hal he deed in Out 15 3	her plyseen
Ti Divine	414.21

certificate.

See instructions on back of

very important.

NO

(Address)

V. S. No. 1

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of OCCUPA.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1137
1. PLACE OF DEATH		(R6-a)	-
County Montg Co	· ·	Registration Dist. No. 21	8
Village or City Gaithersbur	o d (in To	wn No. St.,	Ward
	(II	f death occurred in a horpital or institution, give its NAME instead of street and i	
2. FULL NAME Mary M Ja			07711
(a) Residence: No. Gaithersb		y)St, Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Female White o	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Widow	Oct 20 3 (Month) (Day)	55 ₉₃ (Year)
6e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Johnathan	Jacobs	22. I HEREBY CERTIFY. Thet I ettended	
6. DATE OF BIRTH (month, day, end year) Mar	4th I850	Hast sew han alive on Oct 19 ,1935	_
7. AGE Years Months	Days If LESS than 1 dey,hrs.	to have occurred on the date steted above, at7-30_mPm	
I850 86 6	I6 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:	Date of onset
9. Indústry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	till 11. Total time (years) spent in this	Chronic Mephotici	7-20-38
year)	occupation II	Other Contributory Causes of importance:	-
(State or country) F'rederick	δ,	- Fracture of left his	8-15-31
13. NAME Leshual Bran	id enburg		
4 14. BIRTHPLACE (city or town) Md		Name of operation Date of	
2	27	What test confirmed diagnosis?	W 100 100 100 100 100 100 100 100 100 10
15. MAIDEN NAME TOTTO Kin 16. BIRTHPLACE (city or town) Md (Stete or country)		Accident, suicide, or homicide? Date of injury Where did injury occur?	19 mg
17. INFORMANT Willard Jacob (Address) Gaither		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place_Browningsville-Da	ote0c-t22-, 19-35	Nature of injury fracture of his	
19. UNDERTAKER - France to Gar	(man	24. Was disease or injury in any way related to occupation of deceesed?	no

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

(Address)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH		CERTIFICATE OF DEATH 1113
County Man Lasmery	Co	Registration Dist. No. 2/6
Village or City Buthhade Vo.	FA \$1.	
	(1)	NO. St., f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	yrsmos	sds. How long In U.S. if of foreign blrth?yrsmos
2. FULL NAME GANTAINE, O	mfarel)	
(a) Residence: No. Buthrada	M.F.D. 6	St.,Ward.
PERSONAL AND STATISTICAL PAI	PTICILLARS	If nonresident give city or town and SIME MEDICAL CERTIFICATE OF DEATH
- ATT	MARRIED, WIDOWED.	21. DATE OF DEATH
M OR DIVO	RCED (write the word)	Oct // 193.5
5a. If merried, widowed, or divorced	u	(Month) (Dey) (Yee
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I attended deceased
M 0/	2 -	1935, to Oct 11 ,19.
6. DATE OF BIRTH (month, day, end yeer)	15	I lest saw h_ara_ alive onGet //, 1935 ; deeth i
7. AGE Years Months Deys	If LESS than I day,hrs.	to have occurred on the dete steted ebove, at 9:20 ftm.
	#20 _min.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER,		- A
SAWYER, BOOKKEEPER, etc.		allery of oranka Grafe - 10-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occuration (mostly and		
10. Date deceased lest worked at this occupation (month and	tel time (yeers) spant in this	
	occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Buthands		Promoterity -8/2-
(State or country) Mat		7
13. NAME Jank ins Rodner 14. BIRTHPLACE (city or town) Thankington	trank	
14. BIRTHPLACE (city or town) The ashington	26	Name of operation
(State of country)	0 +11	Whet test confirmed diegnosis? Clinical Was there an eu'opsy?
15. MAIDEN NAME Reynolds Lila. 16. BIRTHPLACE (city or town) draway, Lance	Estelle	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or fown) dana, Jane	as ta G	Accident, suicide, or homicide?
(Stete or country)		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT // / JUNE ON F. Junestes	75	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bethis de MA. 18. BURIAL, CREMATION OR REMOVAL & Prince Co.	ME Ceo.	
Piece Order Hill Date Of	X/2 1035	Manner of injury
		Neture of injury
19. UNDERTAKER Address)	9	24. Wes diseese or injury In any way related to occupation of deceesed?
10/14 2000	2 0 0	If so, specify
20. FILED 19/1/ , 1935 00, C. O.	rry on a	(Signed) Silver spring ma.
70 11 1	1	2411 N. Charles Street, Baltimore, Requesting V. S. Nov 1.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis NOV 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING	
FOR	
RESERVED	
ARGIN	

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. If of foreign birth?____ Langth of residence in city or town whare death occurred statement (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (weite the word) stated EXACTL classified 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than to have occurred on the date stated above, at, 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Data of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, House, SAWYER, BDOKKEEPER, etc. Jo should 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.... may 11. Total time (years) On 1D. Date daceasad last worked at this occupation (month end spant in this & so that occupation ... instructions 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME Name of oparation. 14. BIRTHPLACE (city or town). in plain (State or country) What tast confirmed diagnosis? carefully Was thara an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accidant, suicida, or homicide? ... DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? ... should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT _ OF (Address) 18, BURIAL: CREMATION, OR REMOVAL Manner of Injury CAUSE mation Natura of Injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) B. 20. FILED mya. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 97 1095	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

CORD. Every item of infor-

Exact statement of OCCUPA.

OCCUPATION

MOTHER | FATHER

Ωİ,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Montgomery	Registration Dist. No. 211
Village or City Mr. (Purdagen	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME dola May Kins	1
(a) Residence: No. W. Servis dale Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Name:	21. DATE OF DEATH Of 10 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ennest King	22. /I HEREBY CERTIFY, They I attended decased from
6. DATE OF BIRTH (month, day, and year) Dec. 04, 1873	I last/saw hore alive on Och 19 1925; daath Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8m.
6/ 10 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and)	Hyperne Shroma of M. Kilney 1 gr. ? Metastases)
SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (morth and year)	
12. BIRTHPLACE (city or town) Nr. Hyattstown (State or country)	Other Contributory Causes of importance:
13. NAME James Uriah James	- Garana Jagarana
13. NAME James Much James 14. BIRTHPLACE (city or town) Mr. Hydron Md. (State or country)	Name of operation
15. MAIDEN NAME Contherine Elizabeth Jumer	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIOEN NAME Cotherine Elizabeth Jurner 16. BIRTHPLACE (city or town) Mr. Diowningsville, (State or country)	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT Mrs. Vinne King. (Address) Damascus Mrs.	(Specify or town, county and State) Specify whather injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL PIACE Y. Cling & Com, Areday & Date Oct. 14, 1935	Manner of Injury
19. UNDERTAKER LOY IV. Barber (Address) Faith usville ma	24. Was disease or injury in any way related to occupetion of daceesed? No
20 FILED Oct 134 , 1935 - Wella W. Burdette	(Signed) Lenge M. Joyer M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	TI	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis NOV 6 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	1141
1. PLACE OF DEATH	210-m	
County Moulgoniery	Registration Dist. No. 2/-	3
Village or City Stat Falls	NoSt.,	Ward
	death occurred in a horpital or institution, give its NAME instead of street and n	
2. FULL NAME Wally Deanno 201	in 1	or
2. FOLL NAME RECORDS	1.1110	
(a) Residence: No. 203 - 10 - 0/ 6. () Y/00 (Usual place of abode)	Ward. If nonresident give city or town and it	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wirie the word)	21. DATE OF DEATH Scholer (Month) (Day)	, f93 <u>5</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Odna a Lang	22. I HEREBY CERTIFY, That I attended of	Jeceased from
6. DATE OF BIRTH (month, day, and year) \amb 33' - 19/3	1 lest sew Ket & Give Leath 10/2 195	: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 125 8m.	, 404111 10 5419
22 8 7 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1 2
8 Trade, profession, or particular kind of work done, as SPINNER, MEMBERS BOOKKEEPER, etc. 9 Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and this prognation (month and th	Fractured Stall	10/2/35
10. Date deceased last worked et this occupation (month and year) 12. BfRTHPLACE (city or town) (State or country)	Other Coatributory Causes of Importance:	
13. NAME Walks Daing br	Name of operation Date of	
(State or country)	What test confirmed diagnosis?	utopsy? Us
16. BIRTHPLACE (city or town) Mary Land	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? ACCIDEM. Date of injury.	0
17. INFORMANT Haller A Loaing (Address) 12, 15 - 2) - St St (Mach 2) (Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, OREMATION, OR REMOVAL Place Washington J.S. Date Oct 3, 1935	Manner of Injury Con Sicials of road Nature of Injury	
19. UNDERTAKER Day Frubin Tumphury (Address) Thebrilla Maylone	24. Wes disease or injury in any way related to occupation of deceased? If so, specify	hs
20. FILED 10-3-, 19 35 ms. W. J. Registrar.	(Signed) W. O. Murghy (Address) Parliville his	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 4 1635	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1142
22.7	Registration Dist. No. 3/	4
n. 1		
Village or City Refer Toofswill	NoSt., [death occurred in a horpital or institution, give its NAME instead of street and	ward number)
Length of residence in city or town where death occurred \$\mathcal{Q}_{-}\text{yrs}mos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL NAME Thomas Benton Lamburk		
(a) Residence: No. Man Povler ville my	St., Ward.	
(Usual place of abode)	If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 16 (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Violet B. Lambert	22. J. HEREBY CERTIFY, That I attende	d daceased from
6. DATE OF BIRTH (month, day, and year) DEQ 16 1860	last sawban alive on Oct 30 193	death Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 5 4, m.	
70 10 # 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	,
8 Trada profession or particular	Chrone	Date of one of
kind of work done, as SPINNER, Farmer	Intersticio mphite	1933
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at his occuration (month and 19 2 7		
10. Data deceased last worked at this occupation (month and 1933 spent in this 50 year)		
12. BIRTHPLACE (city or town)	Dther Contributory Causes of Importance:	
(State or country) Virginia	beut meverarities	10/12/2
13. NAME James la Cambrish		1
13. NAME Cours of Lambert 14. BIRTHPLACE (city or town)	Nama of operation Page 1	
(State or country)	What test confirmed diagnosis? Was there are	
15. MAIDEN NAME Dessie Vernou	23. If death was dua to external causes (VIDLENCE) fill in also the following	
15. MAIDEN NAME Dernon 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury	
(State or country) Verguna	Where did injury occur?	
17. INFORMANT Tiolet V3 Sailbert (life)	(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC F	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
Place Beallowille, med Date Och 22 , 1905	- Nature of Injury	
19. UNDERTAKER Mary & Pumphray	24. Was disease or injury In any way related to occupation of deceased?	n
(Address) Roccivile mf	If so, specify	
20. FILED/0/2/11 1933 EW White	(Signed)	Z. D.M. D.
Registrar.	(Address)	NA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLA

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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

11143

1. PLACE OF DEATH	(3)	500
County Moulgamery	Registration Dist. No.	
Village or City Olliey, Mrd.	Whe Mostly Co. Serie of Varaful (If death occurred in a horpital or infailution, give its NAME instead of street and number	Ward
Length of residence In city or town where death occurredyrs,	_mos	ds.
2. FULL NAME Jane P. Marse	hall.	
(a) Residence: No. 364 Facevett Street (Usual place of abode)	Testes Watton, Md If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word of the word)	Oct. 25, 193	ک ^ (Year
15 If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. James N. Marsh		11.53
6. DATE OF BIRTH (month, day, and year) +eb. 27, 1864	I last saw h alive on Oct 24 ,193 5; deat	th Is said
7. AGE Years Months Days If LESS that		
71 7 28 1 day,	Was a fellows of peatit and tolated causes of importance	e ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coronary thurstons 10,	/23/75
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Judustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specified in this specifi		
10. Date deceased last worked at this occupation (month and year) spart in this occupation		
Philadelphia.	Other Contributory Causes of importance:	2
12. BIRTHPLACE (city or town) Allade plus (State or country)	Chail newhite	>
13. NAME James & Garles		
14. BIRTHPLACE (city or town) Dreland (State or country)	Name of operation Date of What test confirmed diagnosis? Claused Was there en autops)	vi ho
15. MAIDEN NAME Que Morrow	23. If death was due to external causes (VIOLENCE) fill in also the following:	,
15. MAIDEN NAME Quua Morrow 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Date of injury, 1 Where did injury occur?	19
17. INFORMANT Nos pital Reen do. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place anytography My Date / DATE / 19	Manner of injury	
19. UNDERTAKEN SO - H. H. H. W. W D. C.	24. Was disease or injury in eny wey related to occupation of deceased?	1
20. FILED LL 25, 19 35. C. S. Barrisla	(Signed) Issanon Bankheal (Afdress) Silves Syring, Ind.	M. D.
If more blanks are needed, address Signe Regi	strar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NOV 4 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1000	1931	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago	
Congress of the Congress of th					
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
•					

ADDITIONAL	SPACE FU	R FURTHER	STATEMENTS	15 X	PHYSICIAN

V. S. No. 1

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	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) column Section Sect
(a) Residence: No. Bradley Faire	St., Ward.
(Uytal place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Color 5 1935
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 7 Suymou McLeod	22. Apr 2 9 1935 to Clother 5 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onget
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked et this occupation (month and year)	Primary Cause i Chaonic myacardition (160) High blood freessors i over tess years. Other Contributory Causes of Importance: I deem ! /101
13. NAME Da Thomas Morgani 14. BIRTHPLACE (city or town) W. Coffeelias (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Edith M Johnson 16. BIRTHPLACE (city or town) (State or country) (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or tomicide?
17. INFORMANT H. Suymond M. Good (Address) Bradley James, Bethinda	Specify whether Injury occurred and NOUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR VEMOVAL Place North Cress Date Oct 8th, 1971	Menner of Injury
19. UNDERTAKER Warner & Churchbury (Address) 20. FILED 10 17 1935 B C. Perry M. D.	24. Was disease or injury in any way related to occupation of deceased? 760 If so, specify 7000000000000000000000000000000000000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example-I		Example II		
The principal cause of importance were a	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUSEAU Y SE	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

han and ADD	ITIONAL SPACE FOR	FURTHER STATEMENT	S BY THYSICIAN	realization since
Della fatier	A Kas Kester	4-17 Keale	Lubercu	loses of
Dees Patiens both upp	death no	induce	could be	elic: P. D

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D. Every	SICIANS	atement	
OR	HX	t si	
REC	Y. P	Exac	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PE	田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	rly	cate.
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UNFAI	pplied.	terms,	TION is very important. See instructions on back of certificate.
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V. S. No. 1

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(210-001)
county Montgome	4	Registration Dist. No. 423
Village or City Takama	Larle	No. Washington Somitarium V Hos 1817 Ward
Length of residence in city or town where de	eath occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of freet and number) mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME master U	Villiam Emehrix	1.9 If H.S. Veteran specify WAR.
(a) Residence: No. 8405	Cedur St. (Usual place of abode)	St., Ward. Silver Springs, M. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	OCT 324 193 5
5a. If married, widowed, or divorced	SINGIE	(Month) (Day) (Year)
HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	10 8 1932	last saw harm alive on Oct. 2 19 35; death is said
7. AGE Years Months	Days If LESS tha	20-
3 1	25 1 day,	were a follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Date of one of Date of Date of Ones 10-2-35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
SAW MILL, BANK, etc	1	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town). Laksma (State or country)	Park	Other Contributory Causes of Importance: Conclusion of By Alm 16-2-
I3. NAME Wilbur B.	mehring	
13. NAME Wilbur 73. 14. BIRTHPLACE (city or town) 1.9.22. (State or country)	4 to soun	Name of operation Republic Attan Date of 10-2-36 What test confirmed diagnosis? Mask 21 - Was there an autopsy? 240
15. MAIDEN NAME Mildred	9. Bostion	What test confirmed diagnosis? () Was there an autopsy? () 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mildred (16. BIRTHPLACE (city or town) (State or country)	midway md.	Accident, suicide, or homicide? ALLICENT. Date of Injury 10-2, 1935 Where did injury occur? Allaha Asang Ma
17. INFORMANT Was hington So (Address) Taxona	initarium Recar	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Janeytown, Pud	Date Qcl 5 , 195	Manner of Injury Muldelle Assessment - Man Conditions
19. UNDERTAKER Agrand G. J. (Address) Silver Sp.	impliney.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED. 10/3 , 19.35 F.	F. Dudley for Rag Registron	(Signed) The Man D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	marrie 1 VEU	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 6 1903	July 5,1927	Peritonitis	3 days ago
	REISPAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

BINDING

RGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SCHEAN V. S.			
(Course 		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are negled, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	OF PEINS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 7 1905	July 5, 1927	Peritonitis	3 days ago
	B111 =			
Other contributory can	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Montagenery	Registration Dist. No. 216
Village of City Checky Chare	No 9 M. Melroce St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME ///argarete V. Oape	O If U. S. Veteran, specify WAR
(a) Residence: No. [9 Mest Melrose (Usual place of abode)	St., Ward. Choce Mode If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Camund 1 - Jakes	22. 1 HEREBY CERTIFY, That t attended deceased from 19.55 to 24.14, 19.55
6. DATE OF BIRTH (month, day, and year) Sept 10-1886	I last saw have elive on 6. 13 , 1956; death is said
7. AGE Yeers Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at & 200, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	Carring as follows. Date of onset 1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month end	Louve.
11. Total time (years) this occupation (month end yaar)	
12. BIRTHPLACE (city or town) Benn (State or country)	Other Contributary Causes of importance:
13. NAME Vatrick C. Keating	
13. NAME Catrick C. Ceating 14. BIRTHPLACE (city or town) (State or country) England	Neme of operation 2 Date of 9/1/23 What test confirmed diagnosis? A Was there an autopsy? Law
15. MAIDEN NAME Elizabeth Barr	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Eligabeth Ban	Accident, suicide, or homicide? Date of injury, 19
(State or country) Opula Ca.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Calmina !- Dakes (Address) 9- West Melrose-check. The	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
Place At olivet, Haskate D. 6 1, 1935	Nature of injury
19. UNDERTAKER W. W. Clegonbus 6 (Address) 400 chapm at	24. Was disaase or injury In any way related to occupation of daceased?
20. FILED 10-15 -, 19.35 / Thomask Bourag	(Signed) Andrew Comments M. D. (Addrass) 3921- Language L.
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage WIPEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

state

Exact statement of OceUPA-

stated EXACTLY. PHYSICIANS should

properly classified.

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AGE should be

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

N. B.

item of infor-

11149

	1. PLACE OF DEATH	30
	County Moulgaurery	Registration Dist. No.
1	Village or City Oluly, md,	Note Mouta, Co. Levil I Kas pital Ward
		death occurred in a horpital or inditution, give its NAME instead of street and number) S. ds. How long in U.S. If of foreign birth?
	2. FULL NAME Ethel Payme	
	10 10 10 10 17	If U. S. Veteran, specify WAR
	(a) Residence: No. 2. Coollege	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OCTOLES 16, 193.5 (Month) (Day) (Year)
	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
-		august 27, 1935, 10 Och, 16, 1935
ate.	6. DATE OF BIRTH (month, day, and year) Oct. 21: 1912 7. AGE Years Months Days If LESS than	I last saw New alive on October 16, 1935; death is seid to have occurred on the date stated above, at 3:35 Qm.
ific	9 9 1 1 day, shrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
certificate	9 Trade profession or particular	were as follows:
of	Kind of work done, as SPINNER, Okocasuwork	Intestinal Obstruction: 10-7-35
back	9. Industry or business in which work was done, as SILK MILL,	not due to concer; mechanical; due to part-operative.
	SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) year) 17. 5 s occupation	adhesionas following the pan-hysterestory sculpa.
instructions on	12. BIRTHPLACE (city or town) Fluvarua Co.	Other Contributory Causes of importance: Bilatual Salpusacities (20000000 beed)
ruc	(State or country) Unquino	Bilatural ou phonetis Carul, 8-27-35
inst	13. NAME Seorge St. Payne	
See	14. BIRTHPLACE (city or town) + luvauus a Co. (State or country)	Name of operation 14 yeleses torreg. Date of 8-28-33 What test confirmed diagnosis? 200
ıt.	15. MAIDEN NAME Olive Reed	23. If death was due to external causes (VIOLENCE) fill in elso the following:
important	16. BIRTHPLACE (city or town) Collection (State or country)	Accident, suicide, or homicide?
very im	17. INFORMANT We spital records - (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
s ve	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Si is	Place Marking los D. Bate Col. 16-, 1933	Neture of injury
TION	19. UNDERTAKER Almus R. Splace (Address) 162.32 Conn and ny	24. Was disease or injury in any way related to occupation of deceased? 720
1	20. FILED (1 ch 15, 1935, C, 8/18 amoles.	If so, specify (Signed) M. D.
)!	R gistrar.	(Address) Sandy Spring Md.
	If more blanks are needed, address Stau Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	and the second	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 4 1935	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	waes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			The state of the s	1	

Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE FO	OR FURTH	ER STATEMENTS BY PHYSICIAN	

m

STATE OF MARYLAND—CERTIFICATE OF DEATH

411150

1. PLACE OF DEATH		(73)
Village or City Why all	m Silver Shr	Registration Dist. No. 2/4 in Graphic RFD. St., War
Length of residence in city or town where dea) (If	dead of decurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Lohn a	J. Silvery (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Laws TY	Pierce	22. I HEREBY CERTIFY, That I ettended deceased from Octobe 14, 1935
6. DATE OF BIRTH (month, day, and year) 200	Para 1887	I had som h alive on ,19 ; death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2:300m.
48	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nouvife	1) gunshot wound of Spines
9. Industry or business in which work was done, es SILK MILL,		2) Gunshot wound of right
SAW MILL, BANK, etc.	11. Total time (years) 4.	thorax, Bulletentering ball
1D. Date deceased last worked et this occupation (month and year)	spent in this occupation	1/2 inch to right of 5th Sun In Vetebras
12. BIRTHPLACE (city or town)	oc.opaton	Topother Contributory Chiefe or trophonog from anterior
(State or country) Urrgin	10-	sayou axila.
13. NAME terblerand	lray	
13. NAME Levellera 14. BIRTHPLACE (city or town)	<i>A</i>	Name of operation Dete of Dete of
(State of country) Arguses	in V	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME lengtown	4	23. If death wes due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME leuconform 16. BIRTHPLACE (city or town) - 2000 (State or country)	lennen	Accident, suicide, or homicide?
(State or country)	(0)	Where did injury occur? (Specify per or rown, county and State) Specify whether injury occurred in INDUSTRY In HDME, or In PUBLIC PLACE,
17. INFORMANT Say Juence	A Down	Specify whether injury occurred in INDUSTRY, An HDME, or in Public Place.
(Address) Section 18. BURIAL CREMATION, OR REMOVAL	That .	Manner of injury
Place Bustomville mo	Date Oct 14 , 193 V	- Nature of Injury_
19. UNDERTAKER Names & Clin (Address) Pock o	uphry	24. Was disease or injury in any wey related to occupation of deceesed?
20. FILED Del 16 , 1935 9-8	Dusay Resistrar	(Signed) A Signed M. (Address) 428 Slice One Silve Staring

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ti	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DFC 7 1963	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Deceased was shot twice with 38 calible revolve	
by her busband: James H. Pierce Death Instantaneon	0
	1

V. S. No. 1

1. PLACE OF DEATH	and the second s
County Montgomung	Registration Dist. No. 2/4
Village or City Whe for	St., War (If deal) occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	yrsds. How long in U.S.If of foreign birth?yrsmosd
2. FULL NAME James A Free (a) Residence No. Subrealon	Sherthing med.
(Usual place of	
PERSONAL AND STATISTICAL PARTIC	
Male White 5. SINGLE, MARRI OR DIVORCED Mar	(write the word)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Lasses I Teir	22. I HEREBY CERTIFY, That I attended deceased from October 14 1935
S. DATE OF BIRTH (month, day, and year) Whenwing	1607 Hast saw h alive on 19 death is sa
AGE Years Months Days	If LESS than 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, auto Media SAWYER, BOOKKEEPER, etc.	have a color extend Ala III incl
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	arage above tip of right lar and times good
	nt in this land Suicela Contributory Canese of importance:
(State or country)	
13. NAME Hilbert Pierce	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME alica Myers	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Olice Myers 16. BIRTHPLACE (city or town) - Mary Law S (State or country) Mary Law S	Accident, suicide, or homicide? Juncil Date of injury 1941. 4., 19.3. Where did injury occur? Wheating Librar Lynning, Mad
17. INFORMANT Clary Prince Son) (Address) Silver Portuge, m	Where did injury occur? Wheaten, Tilbur June G., Will (Specify city or town, dounty and state) Specify whether injury occurred In INDUSTRY, In HOME, of in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Susstante ville Mrs. Date Oct. 1.	Manner of injury
19. UNDERTAKER Manner & Gungh hr (Address) Rocswille, mo	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Oak 1 6, 1937 J.E. Oude	(Signed) The Throught M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
P == X11 V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AD	DITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIA	N
Decea	sed committee	el Suicide unt	1 38 Calile
sevolver a	te lalling si	lean Dotal de	A John Marie
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	V		0

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19. UNDERTAKER

(Address)

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WRITE-PI

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CAUSE OF DEATH

1. PLACE OF

County____ Village or City

AD. Every item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH 11152
DEATH	
	(21)
Toulgouery	Registration Dist. No.
Oleen Md.	death occurred in a hospital or institution, give its NAME instead of street and number)
nca in city or town where deeth occurredyrsmos.	29 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
E Luy Ray	If U. S. Veteran, specify WAR
: ND. Polleville, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH October /6 193.57 (Year)
, or divorced	(month) (boj) (1001)
	22. I HEREBY CERTIFY. That I attanded dacassed from Sept. 7, 1935, to October 16, 1935
onth, dey, end yeer) Nov. 14, 1916	I lest saw him alive on October /6 , 1935; death is seid
Months Deys If LESS than	to have occurred on the date stated above, at 2: Am.
2 1 dey,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and raleted ceuses of importence were as follows:
on, or perticular	Date of onset

Length of reside 2. FULL NAM (a) Residence PERSONA 3. SEX 5a. If merried, widowed HUSBAND of (or) WIFE of 6. DATE OF BIRTH (m 7. AGE Years 8. Trede, profession, or perticular kind of work done, as SPINI SAWYER, BDDKKEEPER, etc. OCCUPATION 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed lest worked et 11. Total time (yeers)
spant in this this occupation (month end occupation 12. BIRTHPLACE (city or town (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVA

Accident, sulcide, or homicide? Where did Injury occur?

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE

Manner of injury Neture of injury

24. Wes disaesa or injury in eny wey releted to occupetion of deceased? If so, specify

If more blanks are needed, addre State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	1921 Run over by street ear Tuly 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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item of infor-

1.	STATE OF MARYLAND—	82-0	100
	County Montgomery	Registration Dist. No. 2/	2
	Village or City Wieles Language		War
	Length of residence in city or town where death occurred yrs mos.	death occurred in a horpital or institution, give its NAME instead of street and u ds. How long In U.S. if of foreign birth?	
2.	FULL NAME Benjamin F. R.	herron	
_	(a) Residence: Np.	St Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
- 0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.5	nale White OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 5 (Year)
oa.	If married, widowed, or divorced HUSBAND of LOT) WIFE of Mary T. Roberson	22. I HEREBY CERTIFY That I attended of the state of the	leceased fro
6. D	ATE OF BIRTH (month, day, and year) Oe + 11-1857	I last saw h_124_ alive on October 4 , 19 \$5	; death is s
7. A	GE Years Months Days If LESS than	to have occurred on the date stated above, at A. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
-	0rmin.	were as follows:	Date of one
2	8 Trade, professión, or particular kind of work done, as SPINNER, Blocksmeth, SAWYER, BODKKEEPER, etc.	Ceretiral hemarchage	9-26
A P	9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	0	
OCCUPATION	10. Date deceased last worked at this occupation (month and year)		
	G . O .	Other Contributory Causes of Importance:	
12.	(State or country)	Teneralized arterio Saleranes	7
H 1	13. NAME (Seny 7. O tolerson		
FATHER	14. BIRTHPLACE (city or town) - Williams	Name of operation	
-	(State or country)	What test confirmed diagnosis? Was there an a	utopsy?
MOTHER	15. MAIDEN NAME Y Mary of Wouldhar	23. If death was due to external causes (VIOL ENCE) fill in also the Tollowing	
MOI	16. BIRTHPLACE (city or town). Amany Land	Accident, suicide, or homicide? Date of injury	, 19
	(State or country)	Where did injury occur? (Specify city or town, county and State	•)
17.	(Address) Light DARA WOOD.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, DR REMOVAL	Manner of injury	
	Place Seullswill Date 10/8 ,1937	Nature of injury	·
19.	UNDERTAKER W. B. Thiltone (Address)	24. Was disease or injury in any way related to occupation of deceased?	No
-0	FILED Web 7 1935 mrs, CP. Hillow	(Signed) Charles H. Grully	Jany

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	200
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
45	Other contributory causes of importance:	1
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Ī
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

A- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor-	1. PLACE OF DEATH	11102
CCE	County Montgomery	Registration Dist. No. 2/4
item of should of OCC	Village or City Selver Shind, Web.	No. 8907-2 mane & Ward
t Si v	Length of residence in city or town where death occurred 2 yrs mo	I death occurred in a hospital or institution, give its NAME instead of street and number)
Every MANNS Ement	2. FULL NAME Harry Sargeant	sds. How long in U.S. If of foreign birth?
<u> </u>	(a) Residence: No. 890 7-2 me are	Polare China 4.0
	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	3. SEX A / e 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DYORCED (prize the word)	21. DATE OF DEATH Ser 17, 193 5 (Year)
NDING RMANEN X A C T J classified	5a. If married, widowed, or divorced HUSBAND of	
MA MA Iass	Wellie Jane Sargeaut	Jebruary 19. 1035 . October 17 35
	6. DATE OF BIRTH (month, day, and year) 12-11-84	I last saw h. 1 19 alive on October 16 1935; death is said
	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et 1.00P.m.
FOR IS A stated proper ertific	7 50 10 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, es SPINNER, Store typer SAWYER, BOOKKEEPER, etc	Depressive psychosis Oateolonet
RESERVED G INK—THIS GE should be that it may be ins on back of	kind of work done, as SPINNER, STEPO TYPER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, NewSpaper Work SAW MILL, BANK, etc 10. Joate decessed lest worked at this occupation (month and	With suicidal tendencies. 130/3
SERV] NK—T should it may n back	SAW MILL, BANK, etc	
RESH G IN GE sl hat it ns on	10. Oate decesed lest worked at this occupation (month and span) spent in this occupation spent in this occupation spent in this spent in the spent in this spent in the spen	
Z <9	011.1.01.	Other Contributory Causes of importance:
RGIN NFADII plied	(State or country) Hamilton, County	Vespondancy due
TTH UNFA- Illy supplied plain terms,	13. NAME John Sangeaut	TO / EVEV \$9.15.
Sul Sul	13. NAME John Sangeaut - 14. BIRTHPLACE (city or town) England -	Name of operation A Mo Me Data of
WITH fully n plain	(State of country)	What test confirmed diegnosis? Was there an autopsy? No
W W in ant	15. MAIOEN NAME Hannah Martin	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
AINLY, W. Id be carefu DEATH in 1	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Suicide Oete of Injury 10-17-, 1935
PLAINLY ould be carrimportery import	Was Co & 51	Where did injury occur? Silver Specify on town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
E PLA should OF D	17. INFORMANT 1860 Cordes dala obce	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
40	18. BURIAL, GREMATION, OR REMOVAL Wash. P.C.	Manner of injury ASPhusia With 095
	Place Cedar Hill Cem. Date 10-21-35,19	Nature of injury WIth suicidal intent
HOBIL	19. UNDERTAKER Warner Pumphrey	24. Was disease or injury in any way related to occupation of deceased? Ues
S. No.	(Address) Silver Spring, Md.	If so, specify in that pt. became despondant
> z	20. FILEO J. C. 19, 19.35 TE Windley	(Address) We show ake M.D.
	If more blanks are needed, address Seate Registran	2411 N. Charles Street, Baltimore, Regional V. Sough Green
		Librel Springs mass

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evenuela I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1930	July 5,1927	Peritonitis	3 days ago
EUPPAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	(40)
Gallstones	May 1,1923	Gastroenteritis	1 year

20		

STATE OF MARYLAND-CERTIFICATE OF DEATH

11155

1. PLACE OF DEATH	
County Management	Registration Dist. No. 2//
Village or City Page 4	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Wasen, Russes S	Sunte
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of A Company of the com	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) hand 5, 1887	I last saw h. m. alive on O.S. /O, 1935; death is seld
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et
48 7 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	The sarcomal originating in the subsistancous tissue; mostly from consultive tissues of importance:
13. NAME Was an ask Sures 14. BIRTHPLACE (city or town)	Nema of operation 1 (3) Page 1937
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Eliza and 15. MAIOEN NAME Eliza and 15. MAIOEN NAME (city or town) (State or counity)	23. If death was due to extécnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?
17. INFORMANT W	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Management Comments (13, 1935)	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupetion of deceesed?
20. FILED. Oct / 3, 1935 - Della OV Burdette	(Signed) M. M. Can Area (Joyes M. D. (Address) () annual man, Maj.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV & 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage KUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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IIS	pe	be	of o
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NIC	A	so t	otto
FAI	lied.	ms,	ctri
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WI	eful	in p	int
LY,	car	LH	orte
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC. RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important See instructions on hack of certificate
PLA	plno	FD	Drd.
TE	u sh	O H	14
VRI	ation	AUS	NO
-	H	O	E

STATE OF MARYLAND-	CERTIFICATE OF DEATH	156
1. PLACE OF DEATH	aut.	
County montgoway	Registration Dist. No. 217	,
Village or City Cluely	No. Outcode St., If death occurred in a horpital or institution, give its NAME instead of street and nur	Ward
Length of residence in city or town where death occurredyrsmo		
2. FULL NAME Charles I homas x	Luowden	
(a) Residence: No. Olycey	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and St	ate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
male A.A. OR DIVORCED (write the word)	(Month) (Day)	93 5 (Year)
50. If married, widowed, or divorced HUSBAND of (ar) WIFE of Ladie Unien Lyon den	22. I HEREBY CERTIFY, That I ettended de	ceased from
There young two way	nov. 10, 1933 to Oct. 16,	, 1935
6. DATE OF BIRTH (month, day, end year)	I lest sew h Associative on QCT 13, 1935;	death is seld
7. AGE Years Months Days If LESS then 1 dey,hrs.	to heve occurred on the date stated above, at 22.00 Min The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
30 10 ormin.	were as follows:	Date of enset
8. Trede, profession, or perticular kind of work done, as SPINNER,	TP 1	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total time (yeers)	O wary Porgarpores	0.16.3
work was done, es SILK MILL,	annicular from	1:45:3
10. Date deceased last worked et this occupation (month and may 1735 spent in this occupation.	Midrad palinpourtains	2.19.33
	Other Contributory Causes of importance:	
(State or country)		
13. NAME Perry Survedan		
14. BIRTHPLACE (city or town)	Neme of operation Dete of	
(State of country)	Whet test confirmed diagnosis? Characal Was there an auto	psy?Zed
15. MAIDEN NAME 2 16. BIRTHPLACE (city or town) 2 16. Significant or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury	, 19/-
≥ (State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Sadre young (Address) Oeviey Md.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
Place and Spring Date Oct 19, 1936	Nature of injury	
19. UNDERTAKER LOT The Carbon (Address)	24. Was disease or injury in eny way related to occupation of deceesed?	•
20. FILED OCK 19 , 1925 C. & Barneles	(Signed) Webster Jowell	M. D.
Registrar. If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	na.

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	19-19-5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

of OCCUPA-

Exact statement

V. S. No. 1 Ä

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	022
County montgonery	Registration Dist. No.
Village or City Dline Echo Hights	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospitation institution, give its IVAIVIE instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Edward a Strack	an "Capting Y. S. army"
(a) Residence: No. Walhonding Road.	St., Ward.
(Usua Cace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PASTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word) Color or RACE OR DIVORCED, (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Clicalett Strack	22. I HEREBY CERTIFY, That I attended daceased from
0 0 165/	1923 to Oct 7, 1933
6. DATE OF BIRTH (month, day, and year) Council of 18 Coun	I last saw harman alive on Off , 19.35; death is seld
F 9 1 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profassion, or particular kind of work dona, es SPINNER, Partain of Watel	wera as follows: Date of onset
kind of work dona, es SPINNER, Caplain of Walch SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, U. S. Curny War Collection SAW MILL, BANK, etc. 10 Date deceased lest worked at 11/Total time (years)	Myocardial insufficiency, with decompositions.
10 Date dacasad lest worked at this occupation (month and 9 3 3 spent in this 22 yr occupation	4
12. BIRTHPLACE (city or town) Lancaster (State or country)	Other Contributory Causes of importance:
	Chronic Josses congestion of the lungs,
13. NAME Edward Stracker 14. BIRTHPLACE (city or town) 14. Dirthe or country)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mury Haverslock 16. BIRTHPLACE (city or town) Lancaster (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) / Lancaster	Accident, suicida, or homicide? Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mis Elizabeth Strachan (Address) Walhonding Rd.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Urbrington nate bently Oct 7, 1935	Manner of injury
19. UNDERTAKER & F. rancis Collinson. (Address) 3619-14 D. St. www. Wash. Dec.	24. Was disease or injury in any way related to occupation of dacaased? Zo
20, FILEO 10/4 1935 & C Perry 3, 0	(Signed)

(Addrass) 5047. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
100	185		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

AGE should be

mation should be carefully supplied.

V. S. No. 1 N. B. of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		920)
County Montg Co		Registration Dist. No. 2/2
Village or City_Boyds Length of rasidance in city or town where	CII CII	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?
2. FULL NAME Ella (a) Residence: No. Boyds	Thomas (City) (Usual place of abode)	St., Ward. (not outside) If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH IO IO , 193 3.5 (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of Jacob 6. DATE OF BIRTH (month, day, and yaar)	Thomas Feb TT5th - 1841	22. Sept 26 1 HEREBY CERTIFY, That I attended deceased from 1935, to 00000000000000000000000000000000000
7. AGE Years Months T847 88 8	0 ays If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 4 AM m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of oneset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 20-Oata dacaasad last workad at this occupation (month and yaar)	House Wife Home Work 11. Total tima (yaars) spantin this occupation	Phronic budocastos 1933 Sub oculi astardi 1915
12. BIRTHPLACE (city or town) \forall -1-22 \in \text{State or country}	ţinia	Other Contributory Causes of importance:-
14. BIRTHPLACE (city or town)V	senberger (Loudon Ca)	Nama of oparation Date of
# 15. MAIOEN NAME Mary T	uley	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
17. INFORMANT — Neomi — Thomse (Addrass) 18. BURIAL, CREMATION, OR REMOVAL		Accident, suicida, or homicide?
19. UNOERTAKER - Ernest - G - Gadt 20. FILEO / D / // , 19.35 77	Gartner Chersburg Md We Clagett Hillow Registrar	24. Was disaase or injury in any way ralated to occupation of dacaasad? The lift so, spacify (Signad) 4-10. In the lift of M. D. (Addrass) Pawsouville M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Property of the analysis of Property of Pr			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DE	EAIF
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1. PLACE OF DEATH			<u> </u>	
County Mon	tu,		Registration	Dist. No. 2/2
Village or City 2 Ma	rtingle	vrs. mos	NO	St., Ward
(V.	where death occurred	yrs,	ds. How long In U.S. if of foreign birth?	yrsds.
2. FULL NAME	vuo	1 Ihr	mpson	
(a) Residence: No.	(Usual place of al	bode)	St., Ward.	give cily or town and State
PERSONAL AND STA	TISTICAL PARTICU	JLARS	MEDICAL CERTIFICATE	OF DEATH
2. SEX 4. COLOR OR RA	5. SINGLE, MARRIEI OR DIVORCED (20		21. DATE OF DEATH	/9, 193 <u>5</u> (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. THEREBY CERTIFY	Y. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year)	10/19/3	5	I last saw halliva on	, 19; deeth is sald
7. AGE Years Mon		If LESS than	to have occurred on the data stated above. a 3 4	m
0 0		day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	s of importance
8 Trade profession or particular	ER. Z		were as rollows by take	Date of gaset
SAWYER, BOOKKEEPER, etc			Du H	1
work was done, as SILK MILL SAW MILL, BANK, etc.	7			front
kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Data deceased last worked at this occupetion (month and yaar)	11. Total time (spent in occupation	this	1/5 mg in Ut	10)
12. BIRTHPLACE (city or town) M	artinal	ng	Other Contributory Caused of importance:	
13. NAME LAR	Hamilto	41		
14. BIRTIPLACE (city or town)	cartines	lound	Name of approxim	
(Stata or country)		7	Nama of operation	
15. MAIDEN NAME 2n	11/1/20		What tast confirmed diagnosis?	
15. MAIDEN NAME MALE 16. BIRTHPLACE (city or town) 7. (State or country)	carting	burg	23. If death was due to external causes (VIOLENCE) fill Accident, suicide, or homicide?	
17. INFORMANT Mario (Address) A & Le	willows	NON .	Whera did injury occur? (Specify city or I Specify whether Injury occurred in INDUSTRY, in HOR	town, county and Stale) ME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Menner of injury	
Place			Nature of injury	
				No. of January 12
19. UNDERTAKER		/	24. Was disease or injury in eny way related to occupa	tion or deceased?
11/19 25	- A world	D: +	If so, specify (Signed) EW.Wh	te
20. FILED 1. 19. 7.0	~ w, wh	M.	80 .0.	illa m 1 .M.D.
	-	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 6	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
			A THE LA

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

supplied.

certificate.

See instructions on back of

of OCCUPA-

Exact statement

(Address)

20. FILED Det

		CERTIFICATE OF DEATH	160
1	. PLACE OF DEATH	93-E) 72	3
	County Montgomery	Registration Dist. No.	
F	*Village or City Talkoma Park	No. Washing Han Sanitarium 4 Host Fideath occurred in a horpital of institution, give its NAME instead of street and nu	(Q[_Ward
	Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2	FULL NAME Mr. Wilmot Thompson	If U.S. Veteran specify WAR	
	(a) Residence: No. 2853 29 ⁺⁴ (Usual place of abode)	St., N.W. Ward. Washington D.C. If nonresident give city or town and S	tate
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	21. DATE OF DEATH October (Month) (Day)	193.5 (Year)
6.	If married, widowed, or divorced HUSBAND of (or) WIEE of Mrs. Francis Thompson DATE OF BIRTH (month, dey, end year) January, 1854 AGE Years Months Days If LESS then	22. I HEREBY CERTIFY. That I attended do Gug US X 13 ,1935, to October H I lest law h Lm alive on October 4 ,1935; to heve occurred on the date steted above, at 1 40 fm.	., 19.35
	8/ 10 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
OCCUPATION	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Deneral Flebility additional diagnosses: Obranies myacoodities: 34. Chronic branchitiss culture	
12.	BIRTHPLACE (city or town) Joshen (State or country) New York	Dither Contributory Causes of importance:	1 // 24
ER	13. NAME Dr. ? Thompson	0.5,000	1.27.
FATHER	14. BIRTHPLACE (city or town) Gashen (State or country) New York	Neme of operation Date of What test confirmed diagnosis? Was there an au	toney? 700
ER	15. MAIDEN NAME	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:	/
MOTHER	16. BIRTHPLACE (city or town) Gushen (Stete or country) New York INFORMANT Washington Sanitary un Thosp Records (Address) Takoma Park, Md.	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE)
18.	Place Washington, OR REMOYAL C. Dete Och 4, 1935	Menner of injury	
		1 0 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200

(Signed) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
S Date of onset	of importance were as follows:	Date of onset
1915		1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
The same of the sa	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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)	tem of i	plnods	1000 Je	
	NFADING INK-THIS IS A PERMANENT RE RD. Every item of infor-	pplied. AGE should be stated EXACTLY. PHYSICIANS should state	erms, so that it may be properly classified. Exact statement of OCCUPA-	
	r RE R	Y. PHY	Exact s	
	MANENT	XACTL	lassified.	
	IS A PER	stated E	properly o	instructions on back of cortificate
	SII	pe :	pe 1	of c
	NK-T.	plnoys	it may	Jose n
	ING I	AGE	so that	rtions o
	NFAI	plied.	erms,	instru

STATE OF MARYLAND	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	8			
County Morelgomery	Registration Dist. No. 0/6			
Village or City Botherda	No. St. Ward			
	f death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurredyrsmos				
	m			
(a) Residence: No. / O O O - Sual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
OR DITORCED (White the Wold)	(Month) (Dey) (Year)			
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded dacaased from			
10-1 2 1025	, 19 , to 19			
6. DATE OF BIRTH (month, day, and year) Och. 2-1935	I last saw h; death is said			
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
O ormin.	were as follows:			
8. Trade, profession, or particular kind of work dona, as SPINNER,				
kind of work dona, as SPINNER, SAWYER, 800KKEEPER, etc	Still berth			
work was done as SILK MILL				
SAW MILL, BANK, etc. 11. Total time (years)				
10. Data deceased last worked at this occupation (month and year) occupation ————————————————————————————————————				
12-11	Other Coutributory Causes of importance:			
12. BIRTHPLACE (city or town) (Stata or country)				
	-			
13. NAME Vaul B. Iolson, Jo.				
(State or country)	Name of operation			
y con	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME Catherine L. Benson	23. If death was due to external causes (VIOLENCE) fill in also tha following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19			
(State or country)	Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT (Address) 1000 Seors town (Pd. Bellhesdo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place lollamal Date UCT 2 , 190 5	Nature of injury			
10 HADDOTAVED HOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD S	24. Was disease or Injury in any way related to occupation of deceased?			
19. UNDERTAKER Address)	If so, specify			
10/2 31-119. D. Woll my	(Signed) 6. A. A. Dunne M.D.			
20. FILED 19 30 V C C C C Registrar.	(Address) Bettierde Mil			
The state of the s				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy CEST G AON	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BI	PHISICIAL

V. S. No. 1

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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-m)
County Montgomess	Registration Dist. No. 214
Village or City	Makington Santerim harris hak
	death occurred in a hopital or institution, give its NAME instead of street and number)
2. 11.1	A
2. FULL NAME Morrel Wall	
(a) Residence: No. 213 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Moles (Left) OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	Young holy
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I altohold deceased from
1,	1900, to 19
6. DATE OF BIRTH (month, day, and year) July / 7 / 8 4 4 - 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 15.5 p. Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
kind of work dona, as SPINNER, Gast. Galler	Jemenstan & Stank
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Data deceased last worked at this occupation (month and year)	
year) occupation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	Frackney Stall
	+ Wy Oher
E	
14. BIRTHPLACE (city or town) (State or country)	Nama of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
II TOWN THE PROPERTY OF THE PR	23. If death was dua to external causas (VIQL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country) (State or country)	Where did injury occur? Pathic Wichman new Windows
	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT(Address)	Onthe Olice
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Antotocolil Colhorn
Place Cidar V + ell Date 107 8 , 1925	Nature of injury Another Char & Freched Spall
19. UNDERTAKER Warring E. Tumphry	24. Was diseasa or injury In any way related to occupation of decaased?
(Address) Kackwilled made	If so, specify Geo. E. Lewis
20. FILED ON 7 1935 J-E. Warson	(Signed) M. D.
De lly Roisvar.	(Address) 9 Menth my
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is wery important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9.1 For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state: as apa ion .. .

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	Ex	mple ! Example II	398
The principal cause of death and related causes of importance were as follows:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	* 1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jaby 5, 1927	Peritonitis	3 days ago
Can the	10		
Other contributory causes of importance:	व अवह अपूर्व	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
	1		

certificate.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Example I		Example II	
f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
NOV 4 1935	1915	Attack of epilepsy	1 week ago
ritis	1921	Run over by street car	1 week ago
BUREAU V. 8	July 5, 1927	Perilonitis	3 days ago
uses of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year -
	f death and related causes follows:	f death and related causes Date of onset follows: 1915 1921 1927 August of importance:	The principal cause of death and related causes of importance were as follows: 1915

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE C	F MARYLA	ND-CERTIFICATE	OF	DEATH	

11161

1	1. PLACE OF DEATH	<u>(97)</u>
1	County Monfgomery	Registration Dist. No. 2/6
1	Village or City Blobles da	No. 2 Agricul St., Ward death occurred in sphorpital or institution, give its NAME instead of street and number)
		death occurred it a phosphal or institution, give its IVAIVIE, instead or street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Caroling marshall	- Crool
	(a) Residence: No. Elgrusor, 72/0 Eleter	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Celoper 10, 1935 (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	(,
	(or) WIFE of Clough Cellery rook	22. THEREBY CERTIFY, That I ettended decessed from
te.	6. DATE OF BIRTH (month, day, and year) and, 8/8/3	I last saw h A alive on Oct 10 m , 1936; death is said
fica	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 4.20 P.m.
certificate	82 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Shulf devilly
back	9, Industry or business in which	
	SAW MILL, BANK, etc.	
s on	O 10. Oate deceased last worked at this occupation (month and year) occupation	
instructions	12. BIRTHPLACE (city or town) Pamesville Which (State or country)	Other Contributory Causes of importance: Arthrip Actor of 1922
nstı	13. NAME Seth Marchall	
See i	14. BIRTHPLACE (city or town)	Name of operation
N N	(State of Country) & with wing	What test confirmed diagnosis?
nt.	15. MAIOEN NAME TELLE P. Morley	23. If death was due to external causes (VIOLENCE) fill In also the following:
important.	15. MAIOEN NAME COLLEGE (F. Morley 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
mpc	(State or country) our clean	Where did injury occur? (Specify city or town, county and State)
ry ii	17. INFORMANT Oldra 2 , pamely Chemilan	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	18. BURIAL, CREMATION, OR REMOVAS Crime See See	Manner of injury
	Place Eddar Fulf Clu: Oate Col. 1, 1931	Nature of injury.
TION	19. UNDERTAKER Wm. Reußen Fengeleren (Addiess) Rockwille Ind	24. Was disease or injury in any way related to occupation of deceased? 20
)	20. FILEO Octo 11, 1935 B. C. Perry M. Q. Resistrat.	(Signed) Bether Ra M. D. (Address) Bether Ra M. D.
	/ Registrar.	(nonices)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Stated EXACTLY. PHYSICIAMS

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

MON is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

of OCCUPA.

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No.	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9-2
County Management	Registration Dist. No. 2//
Village or City and and and	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jackens Woods	8
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of I Cale Turany Woodsead	22. I HEREBY CERTIFY, That I attanded daceasad from
6. DATE OF BIRTH (month, day, and year) June 8, 1844	I last saw him aliva on Section 3.7., 1935; daath is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 113- m.
81 19 19 1day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	Cerchas Henreloge 0.519,
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and 192)	
12. BIRTHPLACE (city or town) La Company	Other Contributory Causes of Importance:
(State or country)	Chileren et en la Chand Agene,
II 13. NAME Sale Was is a	
13. NAME 14. BIRTHPLACE (dity or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Cargaine Turism	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT (Addrass)	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
IS BURIAL, CREMATION, OR REMOVAL Place Date 0 29, 1935	Manner of injury
19. UNDERTAKER (Addiass) 20. FILED Od 28,1933 Della OV Burdette Registrar.	24. Was disease or injury in any way related to occupation of decaasad? If so, specify (Signed) (Addrass) (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mar		93-6
County Monlyon	-1 D 1 5	Registration Dist. No. 218
Village or City Africa and		/ No
Length of residence in city or town where de	ath occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Laura	X Houng	
(a) Residence: No.	cantour P	F.St. Ward.
, ,	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
Tensale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended deceased
(or) WIFE of Lacoh M	Formy	9/27 1931-10/0/18 193
6. DATE OF BIRTH (month, day, and year)	faril 3 1855	I last saw h. elive on 10 1 18 , 1931 , deeth is
7. AGE Years Months	Days If LESS than	to have occurred on the date steted above, et Z-P-m.
80 6	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular		Chronic May andition Sura
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	us wife	tion : six monther ough
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
O IO. Date deceased last worked at	11. Total time (years) spent in this	
this occupation (month and year)	spent in this occupation	
12. BIRTHPLACE (city or town)		Other Coutributory Causes of importance:
(State or country) Maryla	~	
13. NAME Luismour		
14. BIRTHPLACE (city or town)		Name of operation
(State or country) Mar	yland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lugar	hw-	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury
(State or country) Illaryland		Where did injury occur? (Specify city or lown, county and State)
17. INFORMANT John Young Soul		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Services 18. BURIAL, CREMATION, OR REMOVAL	in ord	
Place Med ville bene	nate Oct 20 1931	Manner of injury
1 60)	Nature of injury
19. UNDERTAKER Warnen 6 1	withry	24. Was disease or injury in any way related to occupation of deceased?
(Address) (V)		IT SO SOPOLITY
(Address) Rockirll	12810 1	(Signed) 4 A A Company

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Chronic interstitial nephritis Cerebral hemorrhage NOV 3 1935 July 5,1927 Peritonitis 3 days	Example I		Example II	
Chronic interstitial nephritis Cerebral hemorrhage 1921 Run over by street car 1 week 2 July 5, 1927 Peritonitis 3 days	of importance were as follows:	7	of importance were as follows:	Date of onset
Cerebral hemorrhage Julyb, 1927 Peritonitis 3 days	Chronic interstitial nephritis	1921		1 week ago
SUREAU V. S.	Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory course of i	SUREAU V. S	- 1		
Other contributory causes of importance: Other contributory causes of importance:	Other contributory causes of importance:		Other contributory causes of importance:	
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